



TEMPORARY EMPLOYMENT APPLICATION

Phone (989) 837-3357

Answer all questions. If more space is needed to answer questions completely, attach a separate sheet. Notify this office promptly if your address or telephone number changes.

Consideration of your application depends on the following:

1. The completed application must be received by the deadline date and time.
2. The City of Midland conducts background checks, including driving records. Failure to disclose felony or misdemeanor convictions and/or traffic violations will result in disqualification for further employment consideration.

The City of Midland (City) considers all applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, the City complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. The City also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans With Disabilities Act and applicable state and local laws.

Position applying for: _____ Date Available To Start: _____

Name: _____ Email Address: _____
(Last) (First) (Middle)

Residence Address: _____
(Number, Street, Apt No.) (City) (State) (Zip Code)

Home Telephone Number: _____ Cell Telephone Number: _____

Are you 18 years of age or older? ☐ Yes ☐ No If not, state your age: _____

Have you ever been employed by the City of Midland? ☐ Yes ☐ No If yes, in what department and when: _____

Are any persons currently employed by the City of Midland related to you by blood or marriage? ☐ Yes ☐ No

If yes, give names and your relationship to them: _____

Have you ever been convicted of a felony or misdemeanor (such as MIP)? ☐ Yes ☐ No If yes, please explain: _____

(A conviction will not necessarily be a bar to employment. The nature and circumstances of a conviction will be considered in any employment related decision.)

Are there any felony charges pending against you? ☐ Yes ☐ No If yes, please explain: _____

Have you ever been discharged or asked to resign from employment? ☐ Yes ☐ No If yes, please explain: _____

EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did you Graduate ?	Diploma or Degree Received
High School			5 6 7 8 9 10 11 12	yes no	
College			1 2 3 4 5 6 7 8	yes no	
Other (Specify)			1 2 3 4 5 6 7 8	yes no	

WORK HISTORY Start with your most recent position and work back. In the space below, give your complete record of employment. If the examination announcement for the position includes an experience requirement, be sure to show clearly that you meet such a requirement. You **must completely** fill out this section even if attaching a resume. Describe in detail the work you performed. (If you need more room to complete your prior work history, use additional sheets of paper.)

Dates of employment	State your exact title, then describe your duties	Employer Name, Address & Phone Number	Name of Supervisor & Title	Salary Start/ Finish	Reason for Leaving
From mo/yr: To mo/yr:					
From mo/yr: To mo/yr:					
From mo/yr: To mo/yr:					
From mo/yr: To mo/yr:					

MILITARY SERVICE RECORD Have you ever served in the U.S. Armed Forces? ☐ Yes ☐ No
List duties in the Service, including special training that is relevant to the position for which you have applied: _____

SKILLS

Please list experiences, skills, or abilities that you feel especially qualify you for work with the City: _____

If a good driving record is listed in the job requirements:

a. Do you have a valid, unrestricted driver's license? ☐ Yes ☐ No

If no, please explain _____

b. Please provide your driver's license number: _____ State _____

If you do not have a Michigan driver's license, please submit a copy of your driving record from the state that issued the license.

c. List all traffic violations you have had within the last five years _____

The City of Midland conducts driving record checks. Failure to disclose violations will result in disqualification for further employment consideration. Traffic violations will not necessarily be a bar to employment. The nature and circumstances of the traffic violations will be considered in any employment related decision.

d. Do you have a valid commercial driver's license? ☐ Yes ☐ No

If yes, the type and endorsement _____

PERSONAL REFERENCES (excluding relatives)

Name and Occupation	Dates Known	Address	Telephone Number

PREEMPLOYMENT STATEMENT
(Please read carefully and sign the statement below)

I certify that the facts set forth in this Application for Employment, in my resume and in the other materials I have submitted are true and complete. I understand and acknowledge that false information provided by me may result in disqualification from employment with the City of Midland (hereinafter "the Employer") or in dismissal from employment if an offer of employment has been made and accepted.

I hereby authorize the Employer, to contact all my former and current employers, educational institutions and the other references I have provided regarding me and my performance record and work, academic and/or military experience. I also hereby release the Employer and its employees and agents, and all of my former and current employers, educational institutions, and the other references I have provided, from any and all liability and damages for releasing or using information concerning my performance record and work, academic and/or military experience, subject to applicable laws. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the Employer or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the Employer may, in its sole discretion, conduct, a criminal background history search on me, a check of my employment references, and a check of my driving record. I hereby consent to these searches being conducted and to the disclosure of those results of these searches by the individual or entity conducting the search to the Employer. I further hereby release the Employer, and its employees and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that convictions may result in disqualification from employment with the Employer or in dismissal from employment if an offer of employment has been made and accepted.

In consideration of my employment, and subject to any collective bargaining agreement that may be applicable to me, I agree and understand that my employment and compensation can be terminated with or without cause, with or without notice, at either my option or at the option of the Employer, it being mutually understood and agreed that my relationship with the Employer is one of employment at will and no representative of the Employer, other than the City Manager or his designee, has any authority to enter into any agreement for employment for any period of time or to make any agreement contrary to the foregoing, and any such agreement, to be enforceable, must be in writing and signed by the City Manager or designee.

I hereby consent to having a physical and/or psychological examination and/or test(s), including but not limited to drug and/or alcohol testing, conducted by a physician or other professional of the Employer's choice, and understand that any offer of employment is conditioned upon the results of this examination(s) and/or test(s).

Subject to the terms of any collective bargaining agreement that may be applicable to me, I agree not to commence any action or suit relating to my employment with the Employer more than three hundred (300) days after the occurrence of the facts giving rise to the claim, or more than three hundred (300) days after the date of my termination of such employment, whichever is earlier, and to waive any longer statute of limitations to the contrary. In the event that the statute of limitations applicable to such a claim is less than three hundred (300) days, I agree that the shorter statute of limitations shall apply. For any claim under Title VII of the Civil Rights Act, the Americans with Disabilities Act, the Age Discrimination in Employment Act, or related statutes, I agree to bring the claim within ninety (90) days of issuance of the Right to Sue letter and expressly waive any limitations period for such a claim which is longer than ninety (90) days. Lawsuits filed under the Equal Pay Act (EPA) must be filed in federal court within 2 years (3 years for willful violations) of the alleged EPA underpayment.

If I am employed, I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes.

I will abide by all policies, rules and regulations of the Employer.

Signature:_____ **Date:**_____

RETURN TO: Department of Human Resources, City of Midland, 333 W. Ellsworth, Midland, MI 48640
Fax: (989) 837-5718 E-Mail: cityhr@midland-mi.org

THE CITY OF MIDLAND IS AN EQUAL OPPORTUNITY EMPLOYER

THE FOLLOWING INFORMATION **MUST** BE COMPLETED ACCURATELY:

1. Date you are available to start employment: _____
2. How long are you available to work (i.e. 2 months, 6 months)? _____
3. Days of the week you are available to work: _____
4. Hours you are available to work (example 8:00 a.m. to 5:00 p.m.; 1:00 p.m. to 10:00 p.m.):

5. Are you available to work an odd schedule (example: evenings, Saturdays, Sundays)?

6. If under 18 years of age, date of birth: _____
7. E-mail address (optional): _____

Signature: _____

Date: _____